ORIGINAL

Before the
FEDERAL COMMUNICATIONS COMMISSION
Washington, D.C. 20554

In the Matter of	)	
	)	
Wireless Medical Telemetry Service	)	**DA 00-2013**
Frequency Coordinator	)	**ET Docket No. 99-255**
	)	

To: Chief, Wireless Telecommunications Bureau

REQUEST OF THE AMERICAN SOCIETY FOR HEALTH CARE ENGINEERING OF THE AMERICAN HOSPITAL ASSOCIATION FOR CERTIFICATION AS WMTS FREQUENCY COORDINATOR

The American Society for Health Care Engineering of the American Hospital Association ("ASHE/AHA"), in response to the above-referenced public notice from the Wireless Telecommunications Bureau ("WTB") issued September 28, 2000, hereby requests certification as the exclusive frequency coordinator for the Wireless Medical Telemetry Service ("WMTS") for an initial five year term.

1. Description of ASHE/AHA

With a history dating back to 1899, The American Hospital Association is the national organization that represents and serves all types of hospitals, health care networks, and their patients and communities. Close to 5,000 institutional, 600 associate, and 40,000 personal members come together to form the AHA, whose mission is to advance the health of individuals and communities. AHA leads, represents, and serves health care provider organizations that are accountable to the community and committed to health care improvement. Among the ongoing activities of AHA are research and demonstration projects on innovations in the structuring and delivery of health care services, educational programs and opportunities, and data gathering and information analysis to support policy development and track trends in hospital and health care services.

The American Society for Health Care Engineering was established in 1956 and became the first Personal Membership Group of the AHA. ASHE is the professional society that represents individuals responsible for the environment of care used in health care delivery. Today, there are more than 70 Regional Chapters, 12 Committees, and a membership database of 6,100. ASHE is committed to strategically developing long-range plans and programs that meet the needs of members and the future challenges of the health care facilities management profession.

No entity is more familiar with the WMTS rules and the policies underlying them than AHA. When a March, 1998 interference incident between a Dallas TV station testing a digital television transmitter and low-powered heart monitors at two nearby medical complexes, gained national attention, the AHA -- working with the Federal Communications Commission and the Food and Drug Administration -- created a Task Force to study the problem of interference to wireless medical telemetry devices. The Task Force included representatives of large and small hospitals, equipment manufacturers, and government agencies.

Fourteen months later, the AHA Task Force submitted to the Commission a report which addressed the potential critical safety risks to patients from interference with wireless medical telemetry. The AHA Task Force's report contained proposals, including draft regulations, that ultimately formed the basis for the Commission's *Notice of Proposed Rulemaking* ("NPRM") to create WMTS and the Commission's *Report and Order* establishing WMTS. Indeed, the AHA Task Force proposed the unique concept of a WMTS "frequency coordinator" which would act primarily as a database administrator. AHA has had hands-on involvement in every step of the way leading up to the creation of WMTS. No organization is more knowledgeable than AHA about the rules, procedures, and goals of the WMTS, or more familiar with the medical telemetry user community.

Together ASHE/AHA have the institutional knowledge of the health care industry, familiarity with the medical telemetry user community, the motivation to serve the unique needs of its members well, and the requisite technical expertise to act as the frequency coordinator for WMTS.

2. Prevention Of Conflicts Of Interests

AHA/ASHE does not produce medical telemetry equipment nor is in any way involved with the sale, distribution, or installation of medical telemetry equipment, and thus it has no conflict of interest with potential WMTS licensees or manufacturers of WMTS equipment.

As the AHA Task Force recommended, the Commission decided that it would be appropriate to appoint a "frequency coordinator" who could maintain a database of all registered WMTS equipment and the frequencies used by each health care facility. As the Public Notice recognizes, the Commission expects the database to provide a record of the frequencies used by each facility or device *to assist parties to do their own selection of frequencies* to avoid interference. ASHE/AHA commits that it will honor all requests from eligible health care providers to access and enter information into the database on a first-come-first-served basis. ASHE/AHA also pledges that it will not discriminate among or between members and non-members of their organizations, either in setting fees or in providing services.

The Commission has noted that the frequency coordinator would not typically decide which frequency should be used by a particular health care facility, but would instead be responsible for notifying users of potential frequency conflicts. With this limited role as a database administrator, the WMTS "frequency coordinator" has very little decision-making power and should face few actual conflicts of interest. The WMTS coordinator will not assign frequencies for use by health care providers, but will merely maintain and m[illegible]e the database available to assist manufacturers and health care providers/licensees in se[illegible]ing frequencies to avoid interference to prior-registered equipment.

3. Fee Structure

ASHE is in the process of choosing among qualified organizations in order to contract with an organization with demonstrated frequency coordination experience to provide technical and administrative support needed to establish and maintain the WMTS database. It would be premature for ASHE/AHA to propose a fee structure until it has a final agreement with its subcontractor. ASHE/AHA does, however, commit to providing service without discrimination in fees among or between members and non-members of their organizations. ASHE/AHA also will maintain and operate the database on a cost-effective, not-for-profit (to ASHE/AHA) basis.

4. Commencement Of Service

ASHE/AHA is willing to commence service promptly after appointment and as close as possible to the October 16, 2000, effective date of the WMTS rules. ASHE/AHA expects to provide full-service data base management services within 120-150 days after appointment.

Because of the imminent commencement of the WMTS rules, we strongly urge WTB to immediately name ASHE/AHA as the coordinator. The need for such a designation is evident. Medical telemetry equipment that can operate in the 608-614 MHz WMTS band is already available and can be processed for equipment authorization as soon as the WMTS rules become effective on October 16, 2000. Some equipment operating in the new 1395-1400 and 1429-1432 MHz bands may also be available for submission for equipment authorization on that date. As soon as such equipment is available, the WMTS database administrator must be in place so that hospitals which desire to use WMTS equipment are able to meet their regulatory obligation to register with the database administrator (47 C.F.R. § 95.1111) if the equipment is to receive the priority and interference protection inherent in the primary status granted to the WMTS.

Beyond the benefits inherent in the registration of WMTS equipment in the database, there are other reasons for assuring that a frequency coordinator is in place on the effective date of the rules. The Commission made clear its desire to migrate existing medical telemetry systems out of the 450-470 MHz bands as quickly as possible. Delays in the nomination of a WMTS frequency coordinator and thus, in health care providers' ability to register WMTS-compliant equipment, is certain to slow the migration of medical telemetry equipment out of the 460-470 MHz band, postponing the full implementation of the Commission's private land mobile radio service refarming decision. In addition, the Commission has indicated an interest in pursuing (in a soon-to-be initiated rulemaking proceeding) the potential sharing of some or all of the 1427-1432 MHz band among WMTS licensees and other compatible users of this spectrum. A key element of any such sharing would be the availability of a complete database of locations where WMTS licensees are already in place. Until the coordinator has been named and a database created, there can be no assurance of such completeness, adding to the difficulty of intercategory sharing among WMTS licensees and others in the same general geographic area.

For all of these reasons, the Bureau expeditiously should take steps to ensure that a database administrator has been named and can be functioning on or near October 16, 2000.

5. Other Frequency Coordinators

ASHE/AHA will be able and willing to work with other WMTS frequency coordinator should WTB decide to designate more than one frequency coordinator.

ASHE/AHA, however, urges WTB to appoint a sole permanent WMTS frequency coordinator for several reasons. First, there is no record support in the ET Docket No. 99-255 rulemaking for multiple WMTS coordinators. The Commission did not raise the issue of multiple database administrators in the NPRM so no party commented on this issue. All commuters who expressed interest in the position did so on the assumption that a single administrator would be chosen.

Indeed, those who did express interest in being the sole WMTS database administrator may not be interested in being one of several. The costs to set up a new database and procedures, without any assurance that its services will be used, may dissuade potential applicants. The WMTS database administrator will provide more limited services than does a traditional frequency coordinator; for example, the WMTS database administrator will not "resolve" claims of potential or actual interference or submit license applications to the FCC.

To our knowledge, the FCC has not previously certified more than one coordinator when initiating a brand new service such as WMTS. The FCC should not initiate such a policy here. In the past, the FCC has authorized multiple coordinators for the same service only as a historical happenstance to address unique circumstances when various discrete services (each with its own coordinator) were consolidated into larger pools.

The WMTS database will be primarily informational; if there are multiple databases, either (a) they will, by regulation, have to be interconnected and their information identical at all times or (b) WMTS licensees will have to check each database before being sure that the frequencies chosen for an installation will not create interference to another WMTS licensee. This will create confusion in the marketplace and substantial burdens on the prospective licensees and coordinators alike that were not contemplated when the WMTS "coordination" concept was developed by the AHA Task Force and the Commission.

Finally, FCC precedent indicates that a single coordinator per service is preferred, among other things, to avoid "forum shopping," to facilitate keeping track of pending frequency selections, and because the FCC recognized that "easy entry" of coordinators could lead to "easy exit."[1] These concerns are especially pertinent for a fledgling service such as WMTS.

6. Geographic Area

ASHE and AHA are both nationwide organizations and are committed to providing nationwide service.

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[1] *Frequency Coordination in the Private Land Mobile Services*, 103 FCC 2d 1093 (1986) at paras. 57 - 61.

CONCLUSION

ASHE/AHA welcomes the opportunity to apply for certification as the WMTS frequency coordinator. Regardless of how many other applications are submitted, WTB should immediately appoint ASHE/AHA as interim WMTS coordinator. If, as expected, ASHE/AHA is the only applicant for permanent appointment, WTB should make its appointment as soon as possible so that a database can be established as close as possible to the October 16, 2000, effective date of the WMTS rules. If multiple candidates apply, WTB should swiftly choose one as the permanent WMTS frequency coordinator while recognizing that no one is more familiar with the medical telemetry user community or with the WMTS rules than ASHE/AHA.

Respectfully submitted,

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